# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	The C/OH Instruction Guide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers)  2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Sue	Mf	OFFICE USE ONLY			
	NICKNAME LAST Lovell	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; C 1802 West Main Hou  AREA CODE PHONE NUMBER	ston TX 77098	Data land levisored of Date Profumerked  JAN  CITY SECRETARY			
OFFICEHOLDER PHONE	( 713 ) 960-1601		Receip			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Dawn NICKNAME LAST Dancy	MI SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 1033 Bayland Avenue, Unit 2	TE#: CITY; STATE; Houston TX	ZIP CODE 77009			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( 713 ) 863-9690	EXTENSION				
9 REPORT TYPE	July 15     Sth day before election  Bth day before election	Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)			
10 PERIOD	Month Day Year  12 / 01 / 2005 THROL	JGH 12 31	Year / 2005			
11 ELECTION	Month Day Year ELECTION TYPE  Primary	Runoff	General Special			
12 OFFICE	OFFICE HELD (if any)  Houston City Council, At-Large Position 2	13 OFFICE SOUGHT (If known	1)			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign exper Candidates are required to disclose this information of Name	iditures made by others without the canonly if they receive notification of the direc	didate's prior consent or approval. ct campaign expenditure. ••			
additional pages	Address / PO Box; Apt. / Suite #; City, State; Z	ip Code				
	GO TO F	'AGE 2				

# **CANDIDATE / OFFICEHOLDER REPORT:**

# FORM C/OH

SUPPORT	& TOTAL	S	COVER SHEET PG 2
5 C/OH NAME Sue	Lovell		16ACCOUNT#(Ethics Commission Mers)
NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	<del>.</del>
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	<u> </u>
CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 57,480.04
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 81,777.66
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' DRTING PERIOD	Y \$ 15,033.40
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE BY OF THE REPORTING PERIOD	\$
AFFIDAVIT	Maria Control of the second	I swear, or affirm, under penalty of perist true and correct and includes all informe under Title 15, Election Code.  Signature of Candid	formation required to be reported by
AFFIX NOTARY STAME		the said Sue Love //	17
worn to and subscrib f	- 4	tify which, witness my hand and seal of office.	, this the day
Signature of officer #di	ministering oath	Printed name of officer administering oath Title	e of officer administering oath

Texas Ethics Com	mission P.O. Box 12070 Austin, Texas 78711-207	0 (512) 463	-5800 1-800-325-8506	
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	lule A: 32	
2 FILER NAME	Sue Lovell	3 ACCOUNT # (Ethics C	Comission filers)	
4 Date 12/1/2005	5 Full Name of Contributor:lout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (IDM	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable) :	
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):	
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/1/2005	5 Full Name of Contributor:out of state PAC (ID# Dinah A Weems  6 Contributor Address: City, State, Zip Code Houston, TX 77024	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):				
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal c	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		

TEXAS LUNGS COI	Titilission F.O. Dox 12070 Austin, 16xas 70711-201	70 (512) 403	-3800 1-800-323-8308
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	Iule A: 32
2 FILER NAMI	E: Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/1/2005	5 Full Name of Contributor:out of state PAC (ID#  Josena Arquieta	contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Houston, TX 77041		   
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: lout of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (IDB	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):			
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (ID#  Cathy Terte  6 Contributor Address: City, State, Zip Code  1 Houston, TX 77057	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	1

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	3	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The instruction	Guide explains how to complete this form.	1 7	Total pages this sched	dule A: 32
2 FILER NAME	Sue Lovell	3 /	ACCOUNT # (Ethics C	Comission filers)
4 Date 12/1/2005	Carolyn Allgood	ip Code 77027-5404	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer (Se	ee Instructions):	
4 Date 12/1/2005	Andrew P. Tobias	p Code 138-5717	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer (Se	ee Instructions):	
4 Date 12/1/2005	James O Stepp  6 Contributor Address: City. State. Zi	p Code NY 10014-6834	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer (Se	ee Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: —out of state Michael B. McPhail  6 Contributor Address: City, State, Zity, Irving, TX	p Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer (Se	ee Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: Out of state  James C. Hormel  6 Contributor Address: City, State, Zi  , San Francisco, CA 941	p Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer (Se	ee Instructions):	

	7.0.000 1011-20	(012) 400	1-000-323-0300
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	Jule A: 32
2 FILER NAME	Sue Lovell	3 ACCOUNT#(Ethics (	Comission filers)
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (IDW	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	Ingleside, TX 78362-6310		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (ID# Tony Gale	contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code  Boston, MA 02118	'	 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: ☐out of state PAC (ID#  Carrin Foreman Patrnan	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City. State, Zip Code  Housto IX 77002	on,	[   
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	accupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	 
4 Date 12/1/2005	5 Full Name of Contributor:out of state PAC (IDW	7 Amount of contribution (\$): \$1,000.00	8 in kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	]

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	s	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	dule A: 32
2 FILER NAMI	≅ Sue Lovell		3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/1/2005	Steven P. Catanich	e PAC (ID#ip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: —out of state Alice A. Bohlae 6 Contributor Address: City, State, Z Houston, TX 77008	e PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	,
4 Date 12/1/2005	Vergil R. Rattiff	e PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal c	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 12/1/2005	Diedra S Dierks	PAC (ID#_	7 Amount of contribution (\$):	8 In kind contribution description (If applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: —out of state Angela Peek 6 Contributor Address: City, State, Zi	PAC (IDW	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	1

1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	`	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 32
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/1/2005	5 Full Name of Contributor: — Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor: Out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/1/2005	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	

Texas Etnics Con	nmission P.O. Box 12070 Austin, Texas 78/11-20	/U (512) 463	-5800 1-800-325-8506	
_	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	lule A: 32	
2 FILER NAME	Sue Lovell	3 ACCOUNT # (Ethics C	Comission filers)	
4 Date 12/2/2005	5 Full Name of Contributor: —out of state PAC (IDW	7 Amount of contribution (\$): \$2,650.00	8 In kind contribution description (if applicable) : GOTV Expenses	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/2/2005	5 Full Name of Contributor: Jout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
9 Principal c	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/2/2005	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/2/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):				
4 Date 12/2/2005	5 Full Name of Contributor: — Out of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	-	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	dule A: 32
2 FILER NAME	≅ Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/2/2005	5 Full Name of Contributor; □out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code Houston, TX 77007-7618		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: ☐out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code Houston, TX 77007-2008		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: —lout of state PAC (ID# Timothy E. Kollatschny	7 Amount of contribution (\$);	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code Houston, TX 77025-		
9 Principal o	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor:out of state PAC (ID# Thomas R. Crow	7 Amount of contribution (\$):	8 In kind contribution description (If applicable):
	6 Contributor Address: City, State, Zip Code Houston, TX 77027		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: — Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code Houston, TX 77025-3232		
9 Principal o	occupation \ Job title (See Instructions)   10 Employe	r (See Instructions):	

· ·	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	dule A: 32
2 FILER NAME	≅ Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/2/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor:lout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal c	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: — Out of state PAC (IDM	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: — out of state PAC (ID#  Hilary Tyson  6 Contributor Address: City, State, Zip Code  Murphy, TX 75094	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):	

1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	dule A: 32
2 FILER NAMI	E: Sue Lovell	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 12/2/2005	5 Full Name of Contributor: — Out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code  The Contributor Address: The Code  The Code State, The Code Stat		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Bellaire, TX 77401-540	77	1
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: —out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	Houston, TX 77007  accupation \ Job title (See Instructions)   10 Employe	r (See Instructions):	
- Timosper c	Employe	T (dee manuchona).	
4 Date 12/2/2005	5 Full Name of Contributor:out of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):			
4 Date 12/2/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)   10 Employe	r (See Instructions):	

		(-1-)	1 000 020 020
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Gulde explains how to complete this form.	1 Total pages this sched	Jule A: 32
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/2/2005	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
!	Sherman, TX 75091		, !
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor:out of state PAC (ID# Sharon E. Macha	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
-	6 Contributor Address: City, State, Zip Code Houston, TX 77035		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: ☐out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code San Francisco, CA 94107		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/2/2005	5 Full Name of Contributor: —Jour of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Houston, TX 77030-1119		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)   10 Employe	er (See Instructions):	

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	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	dule A: 32
2 FILER NAME	E: Sue Lovell	3 ACCOUNT # (Ethics 0	Comission filers)
4 Date 12/3/2005	5 Full Name of Contributor: — out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Washington, DC 20009		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code  Houston, TX 77006		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: — out of state PAC (IDM	contribution (\$):,	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code Houston, TX 77002-		 
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: ——out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Houston, TX 77035		   
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/3/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	Houston, TX 77004  ccupation \ Job title (See Instructions)   10 Employer	r (See Instructions):	<u> </u>

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 32
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/4/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/4/2005	5 Full Name of Contributor:  African Coalition PAC  6 Contributor Address: City, State, Zip Code  Houston, TX 77045	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/4/2005	5 Full Name of Contributor: Out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/5/2005	5 Full Name of Contributor:out of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/5/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	L-,,,,,,,

Texas Etnics Cor	mmission P.O. Box 12070 Austin, Texas 78711-20	70 (512) 463	-5800 1-800-325-8506	
1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	fule A: 32	
2 FILER NAMI	E Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)	
4 Date 12/5/2005	5 Full Name of Contributor: —Out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable):	
	6 Contributor Address: City, State, Zip Code Houston, TX 77018		 	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/5/2005	5 Full Name of Contributor: — out of state PAC (IDM	contribution (\$):	8 In kind contribution description (if applicable) :	
	6 Contributor Address: City, State, Zip Code  Houston, TX 77006-3801	·	 	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	J	
4 Date 12/6/2005	5 Full Name of Contributor: □out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable) :	
6 Contributor Address: City, State, Zip Code Pacheco, CA 94553				
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):		
4 Date 12/6/2005	5 Full Name of Contributor:out of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
9 Principal o	Houston, TX 77004  Description \ Job title (See Instructions)  10 Employe	r (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (IDM	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable) :	
	Houston, TX 77027			
9 Principal o	occupation \ Job title (See Instructions)   10 Employe	r (See Instructions):		

1000000	1.0. DOX 12010 Addit, 10x85 101 11-201	(312) 403	F-5600 1-600-525-6300
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	fule A: 32
2 FILER NAMI	Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/7/2005	5 Full Name of Contributor: ☐out of state PAC (ID# F Taylor Moore	.7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code  Houston, TX 77008		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code  Galveston, TX 77554	\$150.00	 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City. State. Zip Code Houston, TX 77004-7331		   
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Houston, TX 77056-3600		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code New York, NY 10011		   
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOF	SCHEDULE A R FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.	1 Total pages this sche	dule A: 32	
2 FILER NAME	Sue Lovell	3 ACCOUNT # (Ethics	Comission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: —Jout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
9 Principal o	ccupation \ Job title (See Instructions) 10 Emp	loyer (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal o	ccupation \ Job title (See Instructions) 10 Emp	loyer (See Instructions):	1 .	
4 Date 12/7/2005	6 Contributor Address: City, State, Zip Code  Los Angeles, CA 90069-12	contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):	
9 Principal o	ccupation \ Job title (See Instructions) 10 Emp	loyer (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID# Cecelia R. Allen 6 Contributor Address: City, State, Zip Code , Missouri City, TX 77459	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):	
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):				
4 Date 12/7/2005	5 Full Name of Contributor: —Jout of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal o	ccupation \ Job title (See Instructions) 10 Emp	loyer (See Instructions):	.1	

I	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	lule A: 32
2 FILER NAMI	E: Sue Lovell	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 12/7/2005	5 Full Name of Contributor: —out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#  J. Michael Aycock  6 Contributor Address: City, State, Zip Code  Atlanta, GA 30306	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: Xlout of state PAC (IDM C0001111  AFSCME - National Office  6 Contributor Address: City, State, Zip Code  Washington, DC 20036	7 Amount of contribution (\$); \$1,000.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (IDM Thomas Uskali 6 Contributor Address: City, State, Zip Code Fort Lauderdate, FL 33312	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		SCHEDULE A FORMS C/OH and SPAC)	
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	fule A: 32	
2 FILER NAMI	E: Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: □out of state PAC (ID#  Marc Krasnow	contribution (\$):	8 In kind contribution description (if applicable) :	
	6 Contributor Address: City, State, Zip Code New York, NY 10113		 	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date	5 Full Name of Contributor: — out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
12/7/2005	6 Contributor Address: City, State, Zip Code , Washington, DC 20009	\$50.00	     	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID# Howard N Menaker	contribution (\$):	8 In kind contribution description (if applicable) :	
6 Contributor Address: City. State. Zip Code Lanham, MD 20706				
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID# Elyse J. Meyer  6 Contributor Address: City, State, Zip Code	contribution (\$):	8 In kind contribution description (if applicable):	
	6 Contributor Address: City, State, Zip Code  Houston, TX 77035-		   	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable) :	
	6 Contributor Address: City, State, Zip Code Houston, TX 77007			
9 Principal o	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):		

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	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	Jule A: 32
2 FILER NAME	Sue Lovell	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 12/7/2005	5 Full Name of Contributor: — out of state PAC (IDM	contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zlp Code Studio City, CA 91607		
9 Principal c	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: — Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (If applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
·	6 Contributor Address: City, State, Zip Code Wharton, NJ 07889-0150		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):			
4 Date 12/7/2005	5 Full Name of Contributor: —out of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal c	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):	

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_	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)	
The Instruction Guide explains how to complete this form.		1 Total pages this sched	lule A: 32	
2 FILER NAME	2 FILER NAME: Sue Lovell 3 ACCOUNT#		(Ethics Comission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
	6 Contributor Address: City, State, Zip Code  1. Houston, TX 77005-2334		 	
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	<u> </u>	
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal c	ccupation \ Job title (See Instructions)   10 Employe	er (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#  David Wochner  6 Contributor Address: City, State, Zip Code Washington, DC 20003	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal c		er (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#  Eric Hsu  6 Contributor Address: City, State, Zip Code  Oakland, CA 94618	7 Amount of contribution (\$):	8 in kind contribution description (if applicable):	
9 Principal c	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	L	
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (IDM Rae Lynn White  6 Contributor Address: City, State, Zip Code Houston, TX 77008-	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
9 Principal o	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):		

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	iule A: 32	
2 FILER NAME	Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)	
4 Date 12/7/2005	5 Full Name of Contributor: —out of state PAC (IDM Amy Nelson	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
	6 Contributor Address: City, State, Zip Code Washington, DC 20009	·	[   . 	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable)	
	6 Contributor Address: City, State, Zip Code Houston, TX 77030			
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor: —Out of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
	6 Contributor Address: City, State, Zip Code Texarkana, TX 75504		 	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		
4 Date 12/7/2005	5 Full Name of Contributor: — out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :	
	6 Contributor Address: City, State, Zip Code  Houston, TX 77006-6311		T Comments of the Comments of	
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):				
4 Date 12/7/2005	5 Full Name of Contributor: — Out of state PAC (IDN	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):	
	6 Contributor Address: City, State, Zip Code Houston, TX 77057		 	
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):		

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	dule A: 32
2 FILER NAMI	Sue Lovell	'	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/7/2005	Frank E. Hood Jr.	Code	.7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: — Jout of state F  Daniel J. Snooks  6 Contributor Address: City, State, Zip  Houston, TX 77234	Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	(See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: —lout of state F Carlyn Klemm 6 Contributor Address: City, State, Zip Houston, TX 77018	PAC (ID#	7 Amount of contribution (\$):, \$100.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	I.,
4 Date 12/7/2005	5 Full Name of Contributor: —Jout of state F Mary Katherine Lowery  6 Contributor Address: City, State, Zip Houston, TX 77266	PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 12/7/2005	Houston, TX	Code ( 77077-6841	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	

i	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 32
2 FILER NAMI	E: Sue Loveli	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 12/7/2005	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: — Out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: —out of state PAC (ID#  Dorothy D. Newton  6 Contributor Address: City, State, Zip Code  Houston, TX 77098	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions)   10 Employe	er (See Instructions):	

Texas Ethics Con	mission P.O. Box 12070 Austin, Texas 78711-207	0 (512) 463	-5800 1-800-325-8506
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	ule A: 32
2 FILER NAME	Sue Lovell	3 ACCOUNT # (Ethics C	comission filers)
4 Date 12/7/2005	5 Full Name of Contributor:	contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID#  Richard F. Hightower  6 Contributor Address: City, State, Zip Code  9, Houston,, Tx 77027-	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:out of state PAC (ID# Ann Tuck Williams  6 Contributor Address: City, State, Zip Code Houston, TX 77004	contribution (\$):,	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (ID#  Daniel M. Jones  6 Contributor Address: City, State, Zip Code  Houston, TX 77098	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: — out of state PAC (ID#  Tomaro M. Lamberson-Bell  6 Contributor Address: City, State, Zip Code  Houston, TX 77021	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal c	occupation \ Job title (See Instructions)   10 Employe	r (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sched	iule A: 32
2 FILER NAME	Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/7/2005	5 Full Name of Contributor: Out of state PAC (ID#  C. Patrick McIlvain  6 Contributor Address: City, State, Zip Code  Houston, TX 77007-8113		8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor:  Joseph M. Chernow CPA  6 Contributor Address: City, State, Zip Code  Houston, TX 77007	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	
4 Date 12/7/2005	5 Full Name of Contributor: — Out of state PAC (ID#	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	
4 Date 12/8/2005	5 Full Name of Contributor:out of state PAC (ID#  Edwin Johnson  6 Contributor Address: City, State, Zip Code  San Antonio, TX 78232	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	J.
4 Date 12/8/2005	5 Full Name of Contributor:out of state PAC (IDW	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	<u> </u>

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	lule A: 32
2 FILER NAMI	Sue Lovell	3 ACCOUNT # (Ethics C	Comission filers)
4 Date 12/9/2005	5 Full Name of Contributor: —out of state PAC (IDM	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 12/9/2005	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
9 Principal c	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/9/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal c	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/\$/2005	5 Full Name of Contributor: —out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/9/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	J

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	dule A: 32
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/10/2005	5 Full Name of Contributor: State PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	Houston, TX 77019		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/11/2005	5 Full Name of Contributor: Sout of state PAC (IDN:  M. A. " Ron" Diffler  6 Contributor Address: City, State, Zip Code  Houston, TX 77062	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/12/2005	5 Full Name of Contributor: Gout of state PAC (IO#  Shirley R Muse  6 Contributor Address: City, State, Zip Code	contribution (\$):	8 In kind contribution description (if applicable) :
	Houston, TX 77027-		1
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 12/12/2005	5 Full Name of Contributor: —Jout of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	,
4 Date 12/13/2005	5 Full Name of Contributor: Xibut of state PAC (ID#_C001934 EMILY's List Federal Fund 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$1,430.79	8 In kind contribution description (if applicable): staff and travel costs
+	DC 20036 Washington,		<u> </u>
9 Principal o	ccupation \ Job title (See Instructions)   10 Employer	r (See Instructions):	

1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	5	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	dule A: 32
2 FILER NAMI	Sue Lovell	4	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/13/2005	Houston Police Officers Union PAC	e PAC (IDNip Code	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	r (See Instructions):	1
4 Date 12/14/2005	5 Full Name of Contributor: —out of state  Yigal Kass  6 Contributor Address: City, State, Zi  Houston, TX 77	p Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	r (See Instructions):	
4 Date 12/14/2005	Higher Health, P.C.	PAC (IDS	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	İ
4 Date 12/21/2005	5 Full Name of Contributor: —lout of state HAA Better Government Fund  6 Contributor Address: City, State, Zi J, Houston, TX 7709	p Code	7 Amount of contribution (\$): \$3,000.00	8 In kind contribution description (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 12/21/2005		PAC (IDW	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	Coupation \ Job title (See Instructions)	10 Employer	(See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	S	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.		1 Total pages this sched	dule A: 32
2 FILER NAM	Sue Lovell		3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/21/2005	Locke Liddell & Sapp LLP	ip Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 12/24/2005			7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 12/24/2005	M.J. Khan for City Council  6 Contributor Address: City, State, Zi	p Code TX 77072	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 12/24/2005		p Code on, TX 77027	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	r (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: Out of state  Mumtaz Khan  6 Contributor Address: City, State, Zi  , Sugar Land	p Code	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	r (See Instructions):	I

1 :	AL CONTRIBUTIONS		SCHEDULE A
OTHER	THAN PLEDGES OR LOANS	(FOR	FORMS C/OH and SPAC)
The Instruction	n Gulde explains how to complete this form.	1 Total pages this sched	lule A: 32
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics C	comission filers)
4 Date 12/24/2005	5 Full Name of Contributor: Out of state PAC (IDW	contribution (\$): \$500.00	8 In kind contribution description (if applicable) :
9 Principal	occupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	L
4 Date 12/24/2005	5 Full Name of Contributor: —Out of state PAC (ID#	contribution (\$):	8 In kind contribution description (if applicable):
:	6 Contributor Address: City, State, Zip Code Houston, TX 77017		    -
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: Out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor:out of state PAC (ID#  Mohammad T. Zaka  6 Contributor Address: City, State, Zip Code  , Missouri City, TX 77459	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	er (See Instructions):	

	7.0.200 (2010 7.001), (0.00 ) (1.12	(312) 400	F-5000 1-000-323-0300
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 Total pages this sched	iule A: 32
2 FILER NAM	E: Sue Lovell	3 ACCOUNT # (Ethics (	Comission filers)
4 Date 12/24/2005	5 Full Name of Contributor:out of state PAC (ID#	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	t, Houston, TX 77083		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	yer (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: —Jout of state PAC (IDIF	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Sugar Land, TX 77479		
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	yer (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: □out of state PAC (ID# Barbara Ettinger	7 Amount of contribution (\$):	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code Houston, TX 77094		 
9 Principal o	occupation \ Job title (See Instructions) 10 Employ	yer (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor:out of state PAC (ID# Nomaan K Husain	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Houston, TX 77025		   
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	
4 Date 12/24/2005	5 Full Name of Contributor: □out of state PAC (ID# Zafar Tahir	7 Amount of contribution (\$):	8 In kind contribution description (if applicable) :
	6 Contributor Address: City, State, Zip Code Sugarland, TX 77478		 
9 Principal o	ccupation \ Job title (See Instructions) 10 Employ	ver (See Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FC	SCHEDULE A OR FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.	1 Total pages this sch	nedule A: 32
2 FILER NAMI	Sue Lovell	3 ACCOUNT # (Ethic	s Comission filers)
4 Date 12/24/2005	Shahadat H. Khan		
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions)	<u></u>
4 Date 12/28/2005	5 Full Name of Contributor: — Out of state PAC Patrice M. Barron  6 Contributor Address: City, State, Zip Co Houston, TX 770	contribution (\$) \$10.00	8 In kind contribution description (if applicable)
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (See Instructions)	· · · · · · · · · · · · · · · · · · ·
4 Date 12/29/2005	Marsha Hill 6 Contributor Address: City, State, Zip Co.		8 In kind contribution description (if applicable)
9 Principal o	Houston, TX 77008  occupation \ Job title (See Instructions)	Employer (See Instructions)	

Schedule A1 Report Total:

\$57,440.04

## **POLITICAL EXPENDITURES**

#### SCHEDULE F

TE INSTRUC	TION GUIDE explains how to complete t	his form.		Total pages Sche	dule F Page 1
ILER NAME	Sue Lovell	<del></del>	·	ACCOUNT # (Eth	ics Commission filers)
ate	Payee Name				Amount
2/1/2005	Chris Watson		•		(\$)
	Payee address	City;	State;	Zip Code	\$3,325.00
	3303 Louisiana, Suite 145	Houston	TX	77006	,
Purpose of pay	ment (See instructions regarding type of	information	** Comple	ete if direct expenditure	s to benefit C/OH ** Office sought Office hel
GOTVE	expenses		- Canadate / Citie	centities manie	Once sought Once her
Date	Payee Name		<u> </u>		Amount
2/1/2005	ксон				(\$)
	Payee address	City;	State;	Zip Code	\$3,510.00
	5011 Almeda Road	Houston	TX	77004	Ψυ,υ10.00
•					
required) Radio A	dvertising		Candidate / Office	)	Office sought Office hel
Radio A	Payee Name				Amount (\$)
Radio A	Payee Name La Griglia	- Ch.			Amount (\$)
Radio A	Payee Name La Griglia Payee address	City;	State;	Zip Code	Amount
Radio A	Payee Name La Griglia	City; Houston			Amount (\$)
Radio A Date	Payee Name La Griglia Payee address	Houston	State; TX	Zip Code 77019 ete if direct expenditure	Amount (\$) \$588.95
Radio A Date 2/1/2005	Payee Name La Griglia Payee address 2002 West Gray ment (See instructions regarding type of	Houston	State; TX	Zip Code 77019 ete if direct expenditure	Amount (\$) \$588.95
Radio A Date 2/11/2005 Purpose of pay required) Catering	Payee Name La Griglia Payee address 2002 West Gray ment (See instructions regarding type of	Houston	State; TX	Zip Code 77019 ete if direct expenditure	Amount (\$) \$588.95  s to benefit C/OH ** Office sought Office hel
Radio A Date 2/11/2005 Purpose of pay required) Catering	Payee Name La Griglia Payee address 2002 West Gray ment (See instructions regarding type of	Houston	State; TX	Zip Code 77019 ete if direct expenditure	Amount (\$) \$588.95  s to benefit C/OH ** Office sought Office held
Radio A Date 2/1/2005 Purpose of pay required) Catering	Payee Name La Griglia Payee address 2002 West Gray ment (See instructions regarding type of	Houston	State; TX	Zip Code 77019 ete if direct expenditure	Amount (\$) \$588.95  s to benefit C/OH ** Office sought Office hel
Radio A Date 2/11/2005 Purpose of pay required) Catering	Payee Name La Griglia Payee address 2002 West Gray ment (See instructions regarding type of	Houston	State; TX ** Comple Candidate / Office	Zip Code 77019 ete if direct expenditure ceholder name	Amount (\$) \$588.95  s to benefit C/OH ** Office sought Office held  Amount (\$)
Radio A Date 2/1/2005 Purpose of payrequired) Catering	Payee Name La Griglia Payee address 2002 West Gray ment (See instructions regarding type of Payee Name KMJQ Payee address	Houston information City; Houston	State; TX  ** Comple Candidate / Office  State; TX	Zip Code 77019  ete if direct expenditure ceholder name  Zip Code 77046	Amount (\$)  \$588.95  s to benefit C/OH ** Office sought Office held  Amount (\$)  \$2,875.00
Radio A Date 22/1/2005 Purpose of payrequired) Catering Purpose of payrequired	Payee Name La Griglia Payee address 2002 West Gray  ment (See instructions regarding type of  Payee Name KMJQ Payee address 24 E Greenway Plz # 1508	Houston information City; Houston	State; TX  ** Comple Candidate / Office  State; TX  ** Comple	Zip Code 77019  ete if direct expenditure ceholder name  Zip Code 77046	Amount (\$)  \$588.95  s to benefit C/OH ** Office sought Office held  Amount (\$)  \$2,875.00

## **POLITICAL EXPENDITURES**

SCHEDULE F

THE INSTRUC	CTION GUIDE explains how to complete	this form.		Total pages Sched	dule F Page 2
FILER NAME	Sue Lovell			ACCOUNT # (Ethi	ics Commission filers)
Date 12/2/2005	Payee Name KBXX			<del></del>	Amount (\$)
	Payee address	City;	State;	Zip Code	\$400.00
	24 E Greenway Plz # 900	Houston	TX	77046	
Purpose of pay	/ment (See instructions regarding type o	f information	** Comple	ete if direct expenditures	s to benefit C/OH ** Office sought Office held
Radio A	dvertising		Carolidate? Clin	centioner traine	Office sought Office her
Date	Payee Name				Amount
12/2/2005	KWWJ	ļ			(\$)
	Payee address	City;	State;	Zip Code	\$1,575.00
	1520 South Loop West	Houston	TX	77054	1
(required)	ment (See instructions regarding type o	f information	** Comple Candidate / Office	ete if direct expenditures ceholder name	
(required) Radio A	dvertising Payee Name	f information	1		
(required) Radio A	Payee Name US Postal Service		Candidate / Office	ceholder name	Office sought Office held  Amount (\$)
(required)	dvertising Payee Name	City; Houston	1		Office sought Office held
(required) Radio A  Date 12/3/2005	Payee Name US Postal Service Payee address Julius Melcher Location ment (See instructions regarding type of	City; Houston	Candidate / Office State;	Zip Code 77027	Amount (\$) \$185.00
Radio A  Date 12/3/2005  Purpose of pay required)	Payee Name US Postal Service Payee address Julius Melcher Location ment (See instructions regarding type of	City; Houston	Candidate / Office State; TX ** Comple	Zip Code 77027	Amount (\$) \$185.00  s to benefit C/OH ** Office sought Office held
Radio A  Date 12/3/2005  Purpose of pay required)  Postage	Payee Name US Postal Service Payee address Julius Melcher Location ment (See instructions regarding type of	City; Houston	Candidate / Office State; TX ** Comple	Zip Code 77027	Amount (\$) \$185.00  s to benefit C/OH ** Office sought  Stock of the control of t
Radio A  Date 12/3/2005  Purpose of pay required)  Postage	Payee Name US Postal Service Payee address Julius Melcher Location ment (See instructions regarding type of	City; Houston	Candidate / Office State; TX ** Comple	Zip Code 77027	Amount (\$) \$185.00  s to benefit C/OH ** Office sought Office held
Radio A  Date 12/3/2005  Purpose of pay required)  Postage	Payee Name US Postal Service Payee address Julius Melcher Location  ment (See instructions regarding type of	City; Houston f information	State; TX  ** Comple Candidate / Office	Zip Code 77027 ete if direct expenditures ceholder name	Amount (\$)  s to benefit C/OH ** Office sought  Amount (\$)

THE INSTRUC	TION GUIDE explains how to complete t	his form.		Total pages Sch	
FILER NAME	-		, , , , , , , , , , , , , , , , , , ,	ACCOUNT # (Et	Page 3 hics Commission filers)
1	Sue Lovell			(0.	,
Date	Payee Name				Amount
12/3/2005	Office Depot		,		(\$)
	Payee address	City;	State;	Zip Code	\$40.29
	3443 Kirby Drive	Houston	TX	77098	
	 ment (See instructions regarding type of	information	** Comple	ete if direct expenditur	es to benefit C/OH **
(required)			Candidate / Offic	eholder name	Office sought Office he
Office S	upplies		,		
Date	Payee Name			<del></del>	Amount
12/3/2005	FedEx Kinko's				(\$)
	Payee address	City;	State;	Zip Code	\$987.31
	2200 SW Freeway	Houston	TX	77098	
Purpose of pay	I ment /See instructions regarding type of	information	** Comple	te if direct evpenditur	es to benefit C/OH **
(required)	ment (See instructions regarding type of	information	** Comple Candidate / Office	ete if direct expenditur eholder name	
(required)		information		•	Office sought Office he
(required) Photoco	pies, Printing	information		•	Office sought Office he
(required) Photoco	pies, Printing	information  City;		•	Office sought Office he
(required) Photoco	Payee Name Rindy Miller Media		Candidate / Office	eholder name	Office sought Office he
(required) Photoco Date 12/3/2005	Payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite	City; Austin	Candidate / Office State; TX  *** Comple	Zip Code 78702	Amount (\$)
Photoco Date 12/3/2005  Purpose of payor (required)	Payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite 1003	City; Austin	Candidate / Office	Zip Code 78702	Amount (\$)
Photoco Date 12/3/2005  Purpose of payor (required)	Payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite 1003 ment (See instructions regarding type of	City; Austin	Candidate / Office State; TX  *** Comple	Zip Code 78702	Amount (\$)  \$40,000.00  es to benefit C/OH ** Office sought Office hel
Photoco Date 12/3/2005 Purpose of payr (required) Television	Payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite 1003 ment (See instructions regarding type of	City; Austin	Candidate / Office State; TX  *** Comple	Zip Code 78702	Amount (\$) \$40,000.00 es to benefit C/OH ** Office sought Office hel
Photoco Date 12/3/2005 Purpose of payr (required) Television	Payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite 1003 ment (See instructions regarding type of on Advertising	City; Austin	Candidate / Office State; TX  *** Comple	Zip Code 78702	Amount (\$)  \$40,000.00  es to benefit C/OH ** Office sought Office hel
Photoco  Date 12/3/2005  Purpose of payr (required)  Televisic	Payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite 1003 ment (See instructions regarding type of on Advertising  Payee Name Parrent Printing	City; Austin information	State: TX  ** Comple Candidate / Office	Zip Code 78702 ete if direct expenditure	Amount (\$)  \$40,000.00  es to benefit C/OH ** Office sought Office hel
Photoco Date 12/3/2005  Purpose of payr (required)  Television Date 12/3/2005	Payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite 1003 ment (See instructions regarding type of on Advertising  Payee Name Parrent Printing Payee address	City; Austin information  City; Houston	State; TX  ** Comple Candidate / Office  State; TX	Zip Code 78702  ete if direct expenditure eholder name	Amount (\$)  sto benefit C/OH ** Office sought Office her  Amount (\$)  Amount (\$)  Amount (\$)
Photoco Date 12/3/2005  Purpose of payr (required)  Television Date 12/3/2005	Payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite 1003 ment (See instructions regarding type of on Advertising  Payee Name Parrent Printing Payee address 4901 Milwee	City; Austin information  City; Houston	State; TX  ** Comple Candidate / Office  State; TX	Zip Code 78702  ete if direct expenditure ceholder name  Zip Code 77092	Amount (\$)  sto benefit C/OH ** Office sought Office her  Amount (\$)  Amount (\$)  Amount (\$)

THE INSTRUC		chedule F Page 4		
ILER NAME			ACCOUNT#(	Ethics Commission filers)
1 :	Sue Lovell			•
Date 12/3/2005	Payee Name SBC		•	Amount (\$)
	Payee address City;	State;	Zip Code	\$723.71
:	555 Main Street, Room 228-CR Beaumo	nt TX	77701	
	ment (See instructions regarding type of information	·	•	tures to benefit C/OH **
required)		Candidate / Off	iceholder name	Office sought Office held
Telepho	ne ·			
Date	Payee Name			Amount
12/3/2005	Sprint Digital Print, Inc.			(\$)
	Payee address City;	State;	Zip Code	\$921.05
	10100 Clay Road, Suite C Houston	TX	77080	
orpose of paying	ment (See instructions regarding type of information	·	lete if direct expendi	tures to benefit C/OH ** Office sought Office held
, ,		Generality 5.		<b>..</b>
Printing			4	
Printing	Payee Name			Amount
Printing	Payee Name Grant Martin Consulting			
Printing	•	State;	Zip Code	Amount
Printing	Grant Martin Consulting	State;	Zip Code 94115	Amount (\$)
Printing Date 12/3/2005	Grant Martin Consulting Payee address City;	State; ncisco CA	94115	Amount (\$)
Printing Date 12/3/2005 Purpose of paying required)	Grant Martin Consulting Payee address City; 1708 Broderick Street San France Consulting City; The struction of the struction	State; ncisco CA	94115	Amount (\$) \$1,949.22 tures to benefit C/OH **
Printing Date 12/3/2005 Purpose of paying required)	Grant Martin Consulting  Payee address City;  1708 Broderick Street San Fran	State; ncisco CA	94115	Amount (\$) \$1,949.22 tures to benefit C/OH **
Printing Date 12/3/2005 Purpose of payi (required) Automat	Grant Martin Consulting Payee address City; 1708 Broderick Street San France Consulting City; The struction of the struction	State; ncisco CA	94115	Amount (\$) \$1,949.22  tures to benefit C/OH ** Office sought Office held
Printing Date 12/3/2005 Purpose of payrequired) Automat	Grant Martin Consulting Payee address City; 1708 Broderick Street San France of Information and Phone Calls	State; ncisco CA	94115	Amount (\$) \$1,949.22  tures to benefit C/OH ** Office sought Office held
Printing Date 12/3/2005 Purpose of payirequired) Automat	Grant Martin Consulting Payee address City; 1708 Broderick Street San France of Information and Phone Calls Payee Name	State; ncisco CA	94115	Amount (\$) \$1,949.22  tures to benefit C/OH ** Office sought Office held
Printing Date 12/3/2005 Purpose of payrequired) Automat	Grant Martin Consulting Payee address City; 1708 Broderick Street San France ment (See instructions regarding type of information and Phone Calls  Payee Name Discover	State; ncisco CA ** Comp Candidate / Off	94115  lete if direct expendificeholder name	Amount (\$) \$1,949.22  tures to benefit C/OH ** Office sought Office held  Amount (\$)
Printing  Date 12/3/2005  Purpose of paylinequired)  Automate 12/5/2005	Grant Martin Consulting Payee address City; 1708 Broderick Street San France ment (See instructions regarding type of information and Phone Calls  Payee Name Discover Payee address City;	State; ncisco CA  ** Comp Candidate / Off  State; e City UT  ** Comp	94115  lete if direct expendificeholder name  Zip Code 84130	Amount (\$) \$1,949.22  tures to benefit C/OH ** Office sought Office held  Amount (\$) \$2.87
Printing  Parte 12/3/2005  Purpose of payrequired)  Automat	Grant Martin Consulting Payee address City; 1708 Broderick Street San France ment (See instructions regarding type of information and Phone Calls  Payee Name Discover Payee address City; P.O. Box 30943 Salt Lake	State; ncisco CA  ** Comp Candidate / Off  State; e City UT  ** Comp	94115 elete if direct expendificeholder name  Zip Code 84130	Amount (\$) \$1,949.22  tures to benefit C/OH ** Office sought Office held  Amount (\$) \$2.87
Printing Date 12/3/2005 Purpose of payrequired) Automat	Grant Martin Consulting Payee address City; 1708 Broderick Street San France ment (See instructions regarding type of information and Phone Calls  Payee Name Discover Payee address City; P.O. Box 30943 Salt Lake	State; ncisco CA  ** Comp Candidate / Off  State; e City UT  ** Comp	94115  lete if direct expendificeholder name  Zip Code 84130	Amount (\$) \$1,949.22  tures to benefit C/OH ** Office sought Office held  Amount (\$) \$2.87

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

### **POLITICAL EXPENDITURES**

THE INSTRUC	TION GUIDE explains how to complete	this form.		Total pages Sc	
FILER NAME		<del></del>		ACCOUNT # (F	Page 5 Ethics Commission filers)
FILER IVANIE	Sue Lovell			7000001 # (6	Eurics Commission mers)
Date	Payee Name				Amount
12/5/2005	American Express				(\$)
	Payee address	City;	State;	Zip Code	\$83.13
	PO Box 360001	Ft. Lauderdale	FL	33336	
Purpose of pays	ment (See instructions regarding type of	information		,	ures to benefit C/OH **
	and Donor of the		Candidate / Offi	cenoider name	Office sought Office hel
Crean C	ard Processing				
Date	Payee Name	<del></del>		•	Amount
12/6/2005	American Express	1			(\$)
	Payee address	City;	State;	Zip Code	\$4.65
	PO Box 360001	Ft. Lauderdale	FL	33336	<b>V</b>
(required)	ment (See instructions regarding type of ard Processing	information	** Compl Candidate / Offi	=	ures to benefit C/OH ** Office sought Office hel
(required)	ard Processing	information		=	
(required)  Credit C	ard Processing  Payee Name Chris Watson		Candidate / Offi	ceholder name	Office sought Office held
(required)  Credit C	Payee Name Chris Watson Payee address	City;	Candidate / Offi	zip Code	Office sought Office hel
(required)  Credit C	ard Processing  Payee Name Chris Watson		Candidate / Offi	ceholder name	Office sought Office held
(required)  Credit Control  Date  12/6/2005	Payee Name Chris Watson Payee address	City; Houston	Candidate / Offi	Zip Code 77006	Office sought Office held
(required)  Credit C  Date 12/6/2005	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145 ment (See instructions regarding type of	City; Houston	Candidate / Offi	Zip Code 77006	Amount (\$) \$5,250.00
(required)  Credit C  Date 12/6/2005  Purpose of payr (required)	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145 ment (See instructions regarding type of	City; Houston	Candidate / Offi	Zip Code 77006	Amount (\$) \$5,250.00
(required)  Credit C  Date 12/6/2005  Purpose of payr (required)  GOTV E	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145 ment (See instructions regarding type of	City; Houston	Candidate / Offi	Zip Code 77006	Amount (\$) \$5,250.00  ures to benefit C/OH ** Office sought Office held
(required)  Credit C  Date 12/6/2005  Purpose of payr (required)  GOTV E	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145 ment (See instructions regarding type of expenses	City; Houston	Candidate / Offi	Zip Code 77006	Amount (\$) \$5,250.00  ures to benefit C/OH ** Office sought Office held
(required)  Credit C  Date 12/6/2005  Purpose of payr (required)  GOTV E	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145 ment (See instructions regarding type of expenses  Payee Name Dinah Weems	City; Houston	State; TX  ** Comple Candidate / Office	Zip Code 77006  ete if direct expendits	Amount (\$)  \$5,250.00  Ures to benefit C/OH **  Office sought Office held  Amount (\$)
(required)  Credit C  Date 12/6/2005  Purpose of payr (required)  GOTV E	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145  ment (See instructions regarding type of expenses  Payee Name Dinah Weems Payee address	City; Houston information City;	State; TX *** Comple Candidate / Office State;	Zip Code 77006  ete if direct expendituceholder name	Amount (\$)  \$5,250.00  Ures to benefit C/OH **  Office sought Office held  Amount (\$)
(required)  Credit C  Date 12/6/2005  Purpose of payr (required)  GOTV E  Date 12/7/2005	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145  ment (See instructions regarding type of expenses  Payee Name Dinah Weems Payee address	City; Houston Information City; Houston	State; TX  ** Comple Candidate / Office State; TX  ** Comple	Zip Code 77006  ete if direct expenditu ceholder name  Zip Code 77024  ete if direct expenditu	Amount (\$)  Amount (\$)  \$5,250.00   Ures to benefit C/OH **  Office sought Office held  Amount (\$)  \$1,500.00
(required)  Credit C.  Date 12/6/2005  Purpose of payr (required)  GOTV E  Date 12/7/2005	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145  ment (See instructions regarding type of expenses  Payee Name Dinah Weems Payee address 10930 Memorial Drive	City; Houston Information City; Houston	State; TX ** Comple Candidate / Office State; TX	Zip Code 77006  ete if direct expenditu ceholder name  Zip Code 77024  ete if direct expenditu	Amount (\$)  \$5,250.00  Ures to benefit C/OH **  Office sought Office held  Amount (\$)  \$1,500.00
(required)  Credit C  Date 12/6/2005  Purpose of payr (required)  GOTV E  Date 12/7/2005	Payee Name Chris Watson Payee address 3303 Louisiana, Suite 145  ment (See instructions regarding type of expenses  Payee Name Dinah Weems Payee address 10930 Memorial Drive	City; Houston Information City; Houston	State; TX  ** Comple Candidate / Office State; TX  ** Comple	Zip Code 77006  ete if direct expenditu ceholder name  Zip Code 77024  ete if direct expenditu	Amount (\$)  Amount (\$)  \$5,250.00   Ures to benefit C/OH **  Office sought Office held  Amount (\$)  \$1,500.00

THE INSTRUC	TION GUIDE explains how to complete thi	THE INSTRUCTION GUIDE explains how to complete this form.  Total pages Sche				
FILER NAME	Sue Lovell			ACCOUNT # (Eti	Page 6 hics Commission filers)	
Date	Payee Name				Amount	
12/7/2005	Chris Watson		•		(\$)	
	Payee address	City;	State:	Zip Code	\$550.00	
	3303 Louisiana, Suite 145	Houston	TX	77006		
Purpose of pay (required)	ment (See instructions regarding type of ir	nformation	** Comple Candidate / Office	ete if direct expenditure eholder name	es to benefit C/OH ** Office sought Office hel	
T-Shirts						
Date	Payee Name				Amount	
12/7/2005	Merchant Bank Card				(\$)	
	Payee address	City;	State;	Zip Code	\$35.46	
	40960 California Oaks Road, Suite 209	Murrieta	CA	92562	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ment (See instructions regarding type of in	itormation		ete if direct expenditure		
(required)	ment (See instructions regarding type of in	itormation	Candidate / Office	•		
(required)  Credit C		itormation		•	Office sought Office hel	
(required)  Credit C	ard Processing	itormation		•	Office sought Office held	
(required)  Credit C	ard Processing Payee Name	city;		•	Office sought Office hel	
(required)  Credit C	Payee Name  Merchant Bank Card		Candidate / Office	ceholder name	Office sought Office held	
(required)  Credit C  Date 12/7/2005	Payee Name Merchant Bank Card Payee address 40960 California Oaks Road, Suite 209 ment (See instructions regarding type of in	City; Murrieta	Candidate / Office State; CA	Zip Code 92562	Amount (\$)  \$5.00	
Credit C  Credit C  Date 12/7/2005	Payee Name Merchant Bank Card Payee address 40960 California Oaks Road, Suite 209	City; Murrieta	Candidate / Office State; CA ** Comple	Zip Code 92562	Amount (\$) \$5.00	
Credit C  Date 12/7/2005  Purpose of pay required)  Credit C	Payee Name Merchant Bank Card Payee address 40960 California Oaks Road, Suite 209 ment (See instructions regarding type of in	City; Murrieta	Candidate / Office State; CA ** Comple	Zip Code 92562	Amount (\$)  \$5.00  st to benefit C/OH ** Office sought  Amount	
Credit C  Date 12/7/2005  Purpose of pay required)  Credit C	Payee Name Merchant Bank Card Payee address 40960 California Oaks Road, Suite 209 ment (See instructions regarding type of in	City; Murrieta	Candidate / Office State; CA ** Comple	Zip Code 92562	Amount (\$)  \$5.00  st to benefit C/OH ** Office sought Office held	
Credit C  Date 12/7/2005  Purpose of pay required)  Credit C	Payee Name Merchant Bank Card Payee address 40960 California Oaks Road, Suite 209 ment (See instructions regarding type of in	City; Murrieta	Candidate / Office State; CA ** Comple	Zip Code 92562	Amount (\$)  \$5.00  st to benefit C/OH ** Office sought Office held	
Credit C  Date 12/7/2005  Purpose of pay required)  Credit C	Payee Name Merchant Bank Card Payee address 40960 California Oaks Road, Suite 209 ment (See instructions regarding type of ineard Processing  Payee Name Rindy Miller Media	City; Murrieta Iformation	State; CA ** Comple Candidate / Office	Zip Code 92562 ete if direct expenditure eholder name	Amount (\$)  \$5.00  as to benefit C/OH ** Office sought  Amount (\$)	
Credit Control	Payee Name Merchant Bank Card Payee address 40960 California Oaks Road, Suite 209 ment (See instructions regarding type of instructions are payee Name Rindy Miller Media Payee address 2401 East 6th Street, Suite	City; Murrieta  formation  City; Austin	State; CA ** Comple Candidate / Office State; TX	Zip Code 92562 ete if direct expenditure echolder name  Zip Code 78702	Amount (\$)  \$5.00  sto benefit C/OH ** Office sought Office held  Amount (\$)  \$3,500.00	

INE INSTRUC	TION GUIDE explains how to complete to	his form.		Total pages Sch	
FILER NAME	Sue Lovell		<u></u>	ACCOUNT # (E	Page 7 thics Commission filers)
Date	Payee Name				Amount
12/7/2005	Rindy Miller Media				(3)
	Payee address	City;	State;	Zip Code	\$2,500.00
i	2401 East 6th Street, Suite 1003	Austin	TX	78702	
	ment (See instructions regarding type of	information		•	res to benefit C/OH **
(required) Televisio	on Advertising		Candidate / Office	eholder name	Office sought Office hel
	-				
Date	Payee Name	· · · · · · · · ·	<u> </u>	<del></del>	Amount
12/7/2005	Kathryn McNiel				(\$)
	Payee address	City;	State;	Zip Code	\$1,250.00
	P.O. Box 131835	Houston	TX	77219	·
	ment (See instructions regarding type of	information	** Comple	ete if direct expenditu	res to benefit C/OH **
(required) Consulti	ng		Candidate / Office	eholder name	Office sought Office he
Consulti			Candidate / Office	eholder name	
Consulti	Payee Name Whitney Kemp		Candidate / Office	eholder name	Office sought Office he
Consulti	Payee Name	City;	Candidate / Office	ceholder name	Amount (\$)
(required) Consulti Date 12/7/2005	Payee Name Whitney Kemp	City; Houston			Amount
Consulti Date 12/7/2005	Payee Name Whitney Kemp Payee address	Houston	State; TX	Zip Code 77006 ete if direct expenditu	Amount (\$) \$1,500.00  res to benefit C/OH **
Consulti Date 12/7/2005	Payee Name Whitney Kemp Payee address 3502 Burlington, Apt. 9 ment (See instructions regarding type of	Houston	State; TX	Zip Code 77006 ete if direct expenditu	Amount (\$) \$1,500.00 res to benefit C/OH **
Consulti Date 12/7/2005 Purpose of payrequired) Consulti	Payee Name Whitney Kemp Payee address 3502 Burlington, Apt. 9 ment (See instructions regarding type of	Houston	State; TX	Zip Code 77006 ete if direct expenditu	Amount (\$) \$1,500.00  res to benefit C/OH ** Office sought Office he
Consulti Date 12/7/2005 Purpose of payrequired) Consulti	Payee Name Whitney Kemp Payee address 3502 Burlington, Apt. 9 ment (See instructions regarding type of	Houston	State; TX	Zip Code 77006 ete if direct expenditu	Amount (\$) \$1,500.00  res to benefit C/OH ** Office sought Office he
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Consulti Date 12/7/2005 Purpose of payr (required) Consulti Date 12/8/2005	Payee Name Whitney Kemp Payee address 3502 Burlington, Apt. 9  ment (See instructions regarding type of ng  Payee Name KSEV Radio Payee address	Houston information  City; Houston	State; TX  ** Comple Candidate / Office  State; TX	Zip Code 77006  ete if direct expenditur scholder name  Zip Code 77079	Amount (\$)  \$1,500.00  res to benefit C/OH ** Office sought Office he  Amount (\$)  \$718.25
Consulti  Date 12/7/2005  Purpose of payr (required)  Consulti  Date 12/8/2005	Payee Name Whitney Kemp Payee address 3502 Burlington, Apt. 9  ment (See instructions regarding type of ng  Payee Name KSEV Radio Payee address 11451 Katy Freeway Ste. 215	Houston information  City; Houston	State; TX  ** Comple Candidate / Office  State; TX  ** Comple	Zip Code 77006  ete if direct expenditur scholder name  Zip Code 77079	Amount (\$)  \$1,500.00  res to benefit C/OH **  Office sought Office hel  Amount (\$)  \$718.25

	FION GUIDE explains how to complete the	his form.		Total pages Se	
FILER NAME				ACCOUNT # (	Page 8 Ethics Commission filers)
	Sue Lovell			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date 12/8/2005	Payee Name Parrent Printing		,		Amount (\$)
	Payee address	City;	State;	Zip Code	\$834.61
	4901 Milwee	Houston	TX	77092	
Purpose of payr	nent (See instructions regarding type of	information	-		tures to benefit C/OH **
Printing			Candidate / Office	enolder name	Office sought Office held
Date	Payee Name			<del></del>	Amount
12/8/2005	American Express				(\$)
	Payee address	City;	Stațe;	Zip Code	\$31.00
	PO Box 360001	Ft. Lauderdale	FL .	33336	
Date Uredit Ca	ard Processing Payee Name				Amount
12/9/2005	Rindy Miller Media				(\$)
*	Payee address	City;	State;	Zip Code	****
			Ctato,		\$3,000.00
	2401 East 6th Street, Suite 1003	Austin	TX	78702	\$3,000.00
Purpose of payr			тх	78702	\$3,000.00  tures to benefit C/OH **  Office sought Office held
(required)	1003		TX ** Comple	78702	tures to benefit C/OH **
(required) Televisio	nent (See instructions regarding type of on Advertising  Payee Name		TX ** Comple	78702	iures to benefit C/OH ** Office sought Office held
(required) Televisio	nent (See instructions regarding type of on Advertising		TX ** Comple	78702	tures to benefit C/OH ** Office sought Office held
(required) Televisio	nent (See instructions regarding type of ion Advertising  Payee Name FedEx Kinko's Payee address	information  City;	** Complet Candidate / Office  State:	78702 te if direct expendi eholder name	iures to benefit C/OH ** Office sought Office held
(required) Televisio	nent (See instructions regarding type of on Advertising  Payee Name FedEx Kinko's	information	** Complete Candidate / Office	78702 te if direct expendi eholder name	office sought Office held  Amount (\$)
(required) Television  Date 12/10/2005	nent (See instructions regarding type of ion Advertising  Payee Name FedEx Kinko's Payee address	City;	** Complete Candidate / Office State;	78702 te if direct expendi eholder name  Zip Code 77098 te if direct expendi	office sought Office held  Amount (\$)
Television  Television  Date 12/10/2005  Purpose of payr (required)	nent (See instructions regarding type of its on Advertising  Payee Name FedEx Kinko's Payee address 2200 SW Freeway	City;	** Complete Candidate / Office State:  TX  ** Complete TX	78702 te if direct expendi eholder name  Zip Code 77098 te if direct expendi	Amount (\$) \$39.34

#### SCHEDULE F

#### Total pages Schedule F THE INSTRUCTION GUIDE explains how to complete this form. Page 9 ACCOUNT # (Ethics Commission filers) FILER NAME Sue Lovell Date Payee Name Amount (\$) 12/11/2005 Whitney Kemp Payee address City; State; Zip Code \$2,000.00 3502 Burlington, Apt. 9 77006 Houston TX Purpose of payment (See instructions regarding type of information \*\* Complete if direct expenditures to benefit C/OH \*\* (required) Candidate / Officeholder name Office sought Office held Consulting Date Payee Name **Amount** (\$) 12/12/2005 American Express Payee address City; State; Zip Code \$31.00 PO Box 360001 FL Ft. Lauderdale 33336 Purpose of payment (See instructions regarding type of information \*\* Complete if direct expenditures to benefit C/OH \*\* (required) Candidate / Officeholder name Office sought Office held Credit Card Processing Date Payce Name Amount (\$) 12/12/2005 Bank of America Payee address Zip Code City: State: \$5.00 1905 West Gray Houston TX 77019 Purpose of payment (See instructions regarding type of information \*\* Complete if direct expenditures to benefit C/OH \*\* (required) Candidate / Officeholder name Office sought Office held Bank Charge Date Payee Name Amount (\$) 12/13/2005 **Network Solutions** Payee address City; Zip Code State: \$19.83 10 Azalea Drive 18222 **Drums** PA \*\* Complete if direct expenditures to benefit C/OH \*\* Purpose of payment (See instructions regarding type of information (required) Candidate / Officeholder name Office sought Office held Website Hosting

# POLITICAL EXPENDITURES SCHEDULE F

INE INSTRUCT	ION GUIDE explains how to complete the	nis form.		Total pages Sch	edule F Page 10
FILER NAME	Sue Lovell	<del></del>		ACCOUNT # (E	thics Commission filers)
Date	Payee Name	<u> </u>			Amount
12/13/2005	Grant Martin Consulting				(\$)
!	Payee address	City;	State;	Zip Code	\$22.50
1	1708 Broderick Street	San Francisco	CA	94115	
Purpose of payri	nent (See instructions regarding type of in	nformation	** Comple	•	res to benefit C/OH **  Office sought Office he
	elivery Fee		Candidate / Onic	enoluer harre	Office sought Office her
Date	Payee Name	.			Amount
12/13/2005	Grant Martin Consulting	į			(\$)
	Payee address	City;	State;	Zip Code	\$31.48
	1708 Broderick Street	San Francisco	·	94115	\$ 01.40
(required)			Candidate / Office	eholder name	Office sought Office he
Reimb D	elivery Fee				
· 	elivery Fee				Amount
Date					Amount (\$)
Date	Payee Name	City;	State;	Zip Code	
Reimb D  Date 12/13/2005	Payee Name Grant Martin Consulting	City; San Francisco	•	Zip Code 94115	(\$)
Date 12/13/2005  Purpose of payrifrequired)	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street nent (See instructions regarding type of i	San Francisco	CA	94115 ete if direct expenditu	\$260.24 res to benefit C/OH **
Date 12/13/2005	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street nent (See instructions regarding type of i	San Francisco	CA	94115 ete if direct expenditu	\$260.24 res to benefit C/OH ***
Date 12/13/2005 Purpose of payrifrequired) Email Se	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street nent (See instructions regarding type of i	San Francisco	CA	94115 ete if direct expenditu	*260.24  Tes to benefit C/OH **  Office sought Office hel
Purpose of payring required)  Email Se	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street  nent (See instructions regarding type of instructions	San Francisco	CA	94115 ete if direct expenditu	*260.24  ***  Office sought Office hel
Purpose of payring required)  Email Se	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street  ment (See instructions regarding type of instruction	San Francisco	CA	94115 ete if direct expenditu	*260.24  Tes to benefit C/OH **  Office sought Office hel
Purpose of payring required)  Email Se	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street  nent (See instructions regarding type of instruction	San Francisco	CA  ** Comple Candidate / Office  State;	94115 ete if direct expenditui eholder name	**************************************
Purpose of payri (required) Email Se	Payee Name Grant Martin Consulting Payee address 1708 Broderick Street  ment (See instructions regarding type of instructions) Payee Name Grant Martin Consulting Payee address 1708 Broderick Street	San Francisco  nformation  City;  San Francisco	** Comple Candidate / Office  State; CA	94115  ete if direct expenditui eholder name  Zip Code 94115	*260.24  Tes to benefit C/OH ***  Office sought Office hel

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

#### **POLITICAL EXPENDITURES**

THE INSTRUCTION GUIDE explains how to complete this form.					Total pages Schedule F Page 11	
FILER NAME	Sue Lovell			ACCOUNT # (Eth	ics Commission file	rs)
Date	Payee Name	··			Amount (\$)	
12/31/2005	PayPal					
:	Payee address	City;	State;	Zip Code	\$6	35.09
	P.O. Box 45950	Omaha	NE	98145		
Purpose of payri (required)	nent (See instructions regarding h	ype of information	** Compli Candidate / Office	ete if direct expenditure ceholder name		Office held
Credit Ca	ard Processing					
<del></del>				Schedule F Repo	rt Total: \$8	1.777.66

# FEC

# STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12 <b>F</b> E4M5	
American Federat	ion of State, Co	ounty and Munici	pal Emplo	yees January
kada a da a mara a da a da a da a da a da	والمسلم فاستصف الاستقادات والما	1	1. 1.1.1.1.1	بطياف بمثلث بإستماليت
ADDRESS (number and street)	1625 L Street	, N , W <sub>1</sub> .	<u> ئىرىدىن</u> ىگەرى <u>دىن</u>	مرة الم <u>كمال بالسام والسام</u> رين
(Check if address	<u> </u>		<u> L.J </u>	<u> 1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>
is changed)	Washington		DC	20036
COMMITTEE'S E-MAIL ADDRES		CITY ▲	STATE ▲	ZIP CODE ▲
معاده أمعتأ معيان ويريان		كدورا ويستكرون والمساديون	باست سريور وأحبط بسيسون بدون	
	معدد <u>بالسلمونان السلمولي بينا</u>	1 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	حيطيس استفسيريين	<u>.</u> 
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
	مراد المنظم	سامع والسنا حسيس بالسالية والمسالية	<u> غرب استان میشد</u>	بك و بسيليسين يا ليميلنك يوانين بي
مستعمل والمستقورة والمسرورين	<u> </u>	and in the second of the second of	اللغات المستشالين والتسالي	نگریگرم بالن <u>دا آن</u> و رسو ر <u>ایستان</u> هرف را <u>بات</u>
R. DATE 04 23	en e			•
. FEC IDENTIFICATION NU	JMBER ► C 0	0011114		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
i certify that I have examined th	is Statement and to the best	of my knowledge and belief	it is true, correct	and complets.
Type or Print Name of Treasure	William Lucy	manage of the angelones of the second of the	rac encora encora	
Signature of Treasurer	Chien Fur	and the second s	Date 04	23 2001
NOTE: Submission of false, errone	ous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V	this Statement to	the panalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Frae 600-424-9530 Local 202-594-1100		FEC FORM 1 (Revised 1/01)

FEC Fo	rm 1 (Revised	1/01)		·					P	ige 2
TYPE OF C	OMMITTEE (	Check One)								
(a)	This committ	ee is a princ	cipal cempak	gn committee. (	Complete th	e candidat	te informat	ion <b>belov</b>	r.) .	
(b)	This committee information b		thorized com	mittee, and is h	NOT a princi	pel campa	ilgn comm	itte≏. (Co	mplete the	candidate
Name of Candidate		hadan 1997 — efilis eksil, sono oqurdu.		ئەممال <u>ىرىنىك</u> لىرىدىن		باير ريسسي		<u></u> !. [		الم سيداليمسد
Candidate Party Affiliation	on		Office Sought:	House	•	Sonate	<b>م</b> ،	resident	Stele Distr	
(c)	This committ	ee supports	opposes oni	ly one candidate	e, and is NC	T en auth	orized cor	nmittee.		
Name of Candidate	i		ا الله المالية	عبدة سامدات	المساور والمساد	وامداوك و		. <u>i.,.</u>	<u> </u>	
	المهادين المستحدث									
{d)	This committ	ee is a		(National, S or subordina	tate ste) committe	ee of the			(Democra Republica	tic, in, etc.) Pari
(d) (e)	This committ		erate segrege	or subordina		ee of the				
	This committe	ee is a sepa	-	or subordina	itté) committe		s NOT a s	eparate s	Republice	in, etc.) Pari
(e) (f)	This committ	ee is a sept ee supports Organization	opposes mo	or subording sted fund. ore than one Fe	ate) committe	ate, and is	· ·		Republica	n, etc.) Pari
(e) (f)	This committee.	ee is a sept ee supports Organization	opposes mo	or subording sted fund. ore than one Fe- ed Committee	ate) committe	ate, and is	. المسلم		Republica	n, etc.) Pari
(e) (f)	This committee.  This committee.  y Connected in	ee supports Organization	opposes mo	or subording	ate) committe	ate, and is	. المسلم		Republica	n, etc.) Pari
(e) (f) Name of An	This committee.  This committee.  y Connected in	ee supports Organization	opposes mo	or subording	ate) committe	ate, and is	- L		Republica	fund or part
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(e) (f) Name of An	This committee.  This committee.  y Connected in	ee is a seponts	opposes mo	or subording	ate) committe	ate, and is	- L		Republica	fund or part
(e) (f) Name of An	This committee.  This committee.  y Connected in	ee is a seponts	opposes mo	or subording	deral candid	ate, and is	STATE A		Republica	fund or part
(e) (f) Name of Any Mailing Address	This committee.  This committee.  y Connected in	ee is a seports Organization	opposes mo	or subording	deral candid	ate, and is	STATE A		Republication in the segment of the	fund or part
(e) (f) Name of Any Mailing Address Relationship	This committee.  This committee.  y Connected to the seasons are seasons.	ee is a seports Organization	or Affiliate	or subording	ate) committe	ate, and is	STATE		Republica	fund or part

	FEC Form 1 (Revise			Page 3
/Vrite	or Type Committee Na	IM <del>a</del>	•	
	estodian of Records: loks and records.	dentify by name, address (phone number -	optional) and position of the person	n in possession of committee
Fu	R Name i,	معرا <u>د با محمد باسط رساستان المسائد کی مس</u> ید	<u> </u>	السلوم السسوور أعر ليمرس
Ma	uiling Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		استنسان السادات
			المناج المام ا	
		l in the little of the little		<u> </u>
Titl	la or Position▼	CITY A	STATE ▲	ZIP CODE A
<u> </u>	<u> </u>	لمساسيق ومداخروا ارس استرت مساح مام	Telephone number	
Tre	asurer: List the name	and address (phone number - optional) of	the treasurer of the committee; and	the name and address of
	y designated agent (e.g	j., នាងចោធម្នាល បានដង្គមសមា <u>j</u> .		
	Name Transurer		<del></del>	<u> </u>
Ma	ifing Address			
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Titl	e or Position♥	CITY ▲	STATE A	ZIP CODE ▲
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		Languist state in the land of	نالا ليلني	<u> </u>
Titl	e or Pasition▼	C(TY ▲	STATE A	ZIP CODE A
		,	Telephone number	1-!
L	والمستنسبة والمستنسبة	ا <u> مساسما برنگ با سراد کو مشرور کی باد</u>	resolvente indirecte	المسترابين المستراب المستراب

FEC Form 1 (Re		ittas denocite	Page 4
safety deposit boxes of	sattories: List all banks or other depositories in which the comm ir maintains funds.	ikiee daposiis	Tunds, noids accounts, Ferial
Name of Bank, Depos	itory, etc.	•	
Ri	ggs National Bank	المراد سنسور برواد	<u>a de la </u>
Mailing Address	1800 M Street, N.W.	<u>.ll</u> i	ا المصاد على المستدر في المصادر على المستدر في المستدر المستدر المستدر المستدر المستدر المستدر المستدر المستدر الم
	<u> </u>		
	Washington	BC J	20036
	CITY &	STATE A	ZIP CODE A
Name of Bank, Depos	ltory, etc.		
_Am	algamated Bank of New York	ئىرىلى ئىدارىل	<u>i de la companya de</u>
Mailing Address	1825 K Street, N.W.	<u> </u>	<u> </u>
	<u> </u>		<u></u>
·	Washington,	DC	20006
	CITY A	STATE A	ZIP CODE ▲

9001



# FEC FORM 1 STATEMENT OF ORGANIZATION

### **FILING FEC-168915**

### 1. EMILY's List

1120 Connecticut Avenue NW Ste 1100 Washington, DC 20036

2. Date: 03/29/2005

3. FEC Committee ID #: C00193433

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

#### Custodian of Records:

Caroline Fines 1120 Connecticut Ave NW Suite 1100 Washington, DC 20036 Title: Dr of Finance & Comp Phone # (202) 326-1400

#### Treasurer:

Britt Cocanour 1120 Connecticut Avenue NW Ste 1100 Washington, DC 20036 Title: Treasurer Phone # (202) 326-1400

#### Designated Agent(s):

Caroline C. Fines 1120 Connecticut Avenue NW Ste 1100 Washington, DC 20036 Title: Assistant Treasurer Phone # (202) 326-1400

#### Banks or Depositories

Signed: Britt Cocanour Date Signed: 03/29/2005

Official Committee URL: www.emilyslist.org

(End FEC FORM 1)



Generated Tue Oct 11 01:15:40 2005